

PART B—ISSUE FEE TRANSMITTAL

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
<p>35 36 18M2/0205</p> <p>ALLEGRETTI AND WITCOFF TEN SOUTH WACKER DRIVE CHICAGO IL 60606</p> <p>C</p>		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
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<input type="checkbox"/> Check if additional changes are on reverse side			

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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08-140-729	10/20/93	006	HOBBS, I	1814 02/05/96
First Named Applicant: AMARA, SUSAN G.				

TITLE OF INVENTION
AMINO ACID TRANSPORTERS AND USES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 93509	435-240.200	137	UTILITY	YES	\$625.00	05/06/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	<p>BANNER & ALLEGRETTI, LTD.</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p>

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810 BL 05/08/96 08140729
1 242 625.00 CK
1 561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: STATE OF OREGON, Acting by and Through the Oregon State Board of Higher Education on Behalf of the Oregon Health Sciences University, a non-profit organization		<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies Ten (10)	
(2) ADDRESS: (CITY & STATE OR COUNTRY) Portland, Oregon		6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 01-0850	
<input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	
<p>PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.</p>		<p>The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.</p>	
(Authorized Signature) <i>Stephen Rothstein</i>		(Date) 5/2/96	

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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